

State of Colorado

Flexible Work Arrangements (FWA)

Flexplace – Alternate Office Safety Checklist



This checklist serves as a guide for assessing the suitability and safety of the proposed alternate office. Employees and supervisors are responsible for ensuring alternate office conditions are safe and the office space is suitable, in order to prevent any workplace injuries. An employee is covered by Workers' Compensation during the performance of official business at the regular office or the defined workspace at the alternate location during work hours.

Name:	Department/Higher Education Institution:	
Division:	Work Unit:	
Office Location:	Phone #	Fax #
Alternate Location:	Phone #	Fax #
E-mail Address(es):		
Official Class Title:	Appointing Authority:	

Is the work area free from potential safety hazards? Yes_____ No_____

Is the work area free from excessive noise? Yes_____ No_____

Is adequate lighting (side or rear) provided at the work station? Yes_____ No_____

Are all electrical equipment free of hazards (frayed, exposed, or loose wires or extension cords)? Yes_____ No_____

Are the electrical outlets three-pronged? Yes_____ No_____

Are aisles and doorways free of obstructions? Yes_____ No_____

Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes_____ No_____

Is the office space neat, clean, and free of tripping hazards? Yes_____ No_____

Are floor surfaces clean, dry and level? Are carpets well-secured to the floor and free of frayed or worn seams? Yes_____ No_____

Are all stairs with four or more steps equipped with handrails?	Yes_____ No_____
Are smoke detectors installed and working?	Yes_____ No_____
Is there an easily accessible fire extinguisher in the office space?	Yes_____ No_____
Are files and data secured?	Yes_____ No_____
Are the office chair, desk, and other furniture and equipment ergonomically correct? (see ergonomic evaluation)	Yes_____ No_____
Is the monitor and keyboard directly in front of user?	Yes_____ No_____
Is the monitor 20-24 inches from the eyes?	Yes_____ No_____
Is the top of the screen slightly lower than eye level?	Yes_____ No_____
Are there any plants in the vicinity of office equipment?	Yes_____ No_____

☐ Alternate office space inspected and NOT APPROVED

☐ Alternate office space inspected and APPROVED

Comments:_____

Appointing Authority

Date